

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	DN	32	3/8
FORMALITY REVIEW	Z LETTER	5 C 851	12-27-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	Original	1/12/03	1/30/04
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	0	0	0
8	✓	✓	✓
9	—	—	—
10	—	—	—
11	—	—	—
12	—	—	—
13	—	—	—
14	—	—	—
15	—	0	0
16	—	—	—
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	✓	✓	✓
22	✓	✓	✓
23	0	0	0
24	✓	✓	✓
25	✓	✓	✓
26	—	✓	✓
27	—	✓	✓
28	—	✓	✓
29	—	✓	✓
30	—	✓	✓
31	—	0	0
32	—	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	0	0	0
40	✓	✓	✓
41	✓	✓	✓
42	—	✓	✓
43	—	✓	✓
44	—	✓	✓
45	—	✓	✓
46	—	✓	✓
47	—	0	0
48	—	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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